Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 1 of 38

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued	John First name	First name
	picture identification (for example, your driver's		
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Ciefredo Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	comg a.c a actoo.		
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of		
J .	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5313	

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 2 of 38

Debtor 1 John Ciefredo

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	3237 N. Oriole Avenue	If Debtor 2 lives at a different address:
		Chicago, IL 60634	Number Over City Out & 71D Out
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		County County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
ò.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 3 of 38

Case number (if known) Debtor 1 John Ciefredo

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7 □ Chapter 11						
		☐ Cha	pter 12					
		☐ Cha	pter 13					
8.	How you will pay the fee	— а о	bout how yo	ou may pay. Typ attorney is subn	ically, if you are paying the fee yo	k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
					allments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individuals to Pay		
		□ I b a	request that ut is not req pplies to yo	at my fee be wa uired to, waive y ur family size an	ived (You may request this option your fee, and may do so only if you d you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out its Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District	-	When	Case number		
0.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to	ine 12.				
		☐ Yes.	Has yo	our landlord obta	ined an eviction judgment agains	t you and do you want to stay in your residence?		
				No. Go to line	12.			
				Voc Fill out Ini	itial Statement About an Eviction	Judgment Against You (Form 101A) and file it with this		

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

Debtor 1 John Ciefredo Document Page 4 of 38 Case number (if known)

Par	Report About Any Bu	sinesses	You Own	as a Sole Propriet	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	e & ZIP Code			
	it to this petition.		Chec	k the appropriate bo	x to describe your business:			
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))			
				☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))				
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you ir is, cash-fl	dicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure			
	For a definition of small	No.	I am r	not filing under Chap	ter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupto Code.				
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number, Street, City, State & Zip Code			

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

Debtor 1 John Ciefredo Document Page 5 of 38 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 6 of 38

Deb	tor 1 John Ciefredo		Docum	————	Case nu	mber (if known)	
Part	6: Answer These Quest	ions for Re	porting Purposes				
16.	What kind of debts do you have?		Are your debts primarily individual primarily for a pe			defined in 11 U.S.C. § 101(8) as "in	ncurred by an
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
			Are your debts primarily money for a business or in-			ebts that you incurred to obtain business or investment.	
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	owe that are not consume	r debts or bus	iness debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.			
Do you estimate that after any exempt property is excluded a			I am filing under Chapter 7 are paid that funds will be a			property is excluded and administrators?	ative expenses
	administrative expenses are paid that funds will		■ No				
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes				
18.	How many Creditors do you estimate that you	■ 1-49		□ 1,000-5,000 □ 5001-10,000		□ 25,001-50,000 □ 50,001-100,000	
	owe?	☐ 50-99 ☐ 100-19 ☐ 200-99		10,001-25,000		☐ More than100,000	
19.	How much do you estimate your assets to	\$ 0 - \$5	0,000	<u> \$1,000,001 - \$</u>		□ \$500,000,001 - \$1 bill	
	be worth?		1 - \$100,000	□ \$10,000,001 - 3 □ \$50,000,001 - 3		□ \$1,000,000,001 - \$10 □ \$10,000,000,001 - \$5	
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 -			•
20.	How much do you estimate your liabilities	\$0 - \$5		□ \$1,000,001 - \$ □ \$10,000,001 - \$		□ \$500,000,001 - \$1 bill	
	to be?		01 - \$100,000 01 - \$500,000	□ \$50,000,001 - 3		☐ \$10,000,000,001 - \$10	
		_	01 - \$1 million	\$100,000,001	- \$500 million		
Part	7: Sign Below						
For	you	I have exa	amined this petition, and I de	eclare under penalty of per	jury that the ir	nformation provided is true and corr	rect.
						ible, under Chapter 7, 11,12, or 13 I I choose to proceed under Chapte	
			ney represents me and I did , I have obtained and read			s not an attorney to help me fill out).	this
		I request i	elief in accordance with the	chapter of title 11, United	States Code,	specified in this petition.	
			y case can result in fines up			ney or property by fraud in connection 20 years, or both. 18 U.S.C. §§ 152	
		John Cie Signature	efredo of Debtor 1	S	Signature of De	ebtor 2	
		Executed	on May 18, 2017 MM / DD / YYYY	E	executed on	MM / DD / YYYY	

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 7 of 38

Debtor 1 John Ciefredo Document Page 7 of 38 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor	_ Date	May 18, 2017 MM / DD / YYYY
John E. Trepel		
Printed name		
John Trepel & Associates, LLC.		
Firm name		
5844 West Irving Park Road		
Chicago, IL 60634-2622		
Number, Street, City, State & ZIP Code		
Contact phone (773) 282-9372	Email address	trepel8@att.net
Bar number & State		

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

		DUCUITIO	TIL FAUE O ULSO	
Fill in this infor	mation to identify your	case:		
Debtor 1	John Ciefredo			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value o	ssets If what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,189.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	8,189.00
Pa	rt 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	13,203.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	24,592.07
	Your total liabilities	\$	37,795.07
Ра	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,353.63
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,462.00
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 05/19/17 13:05:21 Desc Main Case 17-15615 Doc 1 Filed 05/19/17 Page 9 of 38 Case number (if known) Document

Debtor 1 John Ciefredo

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 2,740.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	9,326.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,326.00

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Page 10 of 38 Document Fill in this information to identify your case and this filing: Debtor 1 John Ciefredo Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Toyota Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Corolla S Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2011 Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another \$6,264.00 \$6,264.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$6,264.00 pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Case 17-15615 Filed 05/19/17 Entered 05/19/17 13:05:21 Document Page 11 of 38 Debtor 1 Case number (if known) John Ciefredo Yes. Describe..... Computer, dresser and bed \$650.00 Location: 3237 N. Oriole Avenue, Chicago IL 60634 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... Cubs Banner, Blackhawks Banner, Cubs Lamp \$150.00 Location: 3237 N. Oriole Avenue, Chicago IL 60634 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Shirts, Jeans, pants \$275.00 Location: 3237 N. Oriole Avenue, Chicago IL 60634 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,075.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 12 of 38

Case number (if known)

claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Checking **Summit Credit Union** \$700.00 **Summit Credit Union** \$150.00 17.2. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Institution name: Type of account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

John Ciefredo

Debtor 1

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 13 of 38 Case number (if known) Debtor 1 John Ciefredo 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

Schedule A/B: Property

\$850.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B

page 4

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 14 of 38 Case number (if known) Debtor 1 John Ciefredo 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$6,264.00 57. Part 3: Total personal and household items, line 15 \$1,075.00 Part 4: Total financial assets, line 36 58. \$850.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 60. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$8,189.00 Copy personal property total \$8,189.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8.189.00

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

		Became	11 446 16 61 66	
Fill in this infor	mation to identify your	case:		
Debtor 1	John Ciefredo			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify th	Property You	Claim as	Exempt
---------	-------------	--------------	----------	--------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Computer, dresser and bed Location: 3237 N. Oriole Avenue,	\$650.00	\$650.00	735 ILCS 5/12-1001(b)
Chicago IL 60634 Line from Schedule A/B: 6.1		☐ 100% of fair market value, up to any applicable statutory limit	
Cubs Banner, Blackhawks Banner, Cubs Lamp	\$150.00	\$150.00	735 ILCS 5/12-1001(b)
Location: 3237 N. Oriole Avenue, Chicago IL 60634 Line from Schedule A/B: 9.1		☐ 100% of fair market value, up to any applicable statutory limit	
Shirts, Jeans, pants Location: 3237 N. Oriole Avenue,	\$275.00	\$275.00	735 ILCS 5/12-1001(a)
Chicago IL 60634 Line from Schedule A/B: 11.1		☐ 100% of fair market value, up to any applicable statutory limit	
Checking: Summit Credit Union Line from Schedule A/B: 17.1	\$700.00	\$700.00	735 ILCS 5/12-1001(b)
Ellie Holli Golledale 745. TT.T		☐ 100% of fair market value, up to any applicable statutory limit	
Savings: Summit Credit Union Line from Schedule A/B: 17.2	\$150.00	\$150.00	735 ILCS 5/12-1001(b)
Line from Soliedule PVD. 11.2		100% of fair market value, up to any applicable statutory limit	

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 16 of 38

Debtor 1 John Ciefredo

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

	Cas	se 17-15615	Doc 1	Filed 05/19/17 Document	Entered Page 17	d 05/19/17 13:0 of 38	05:21	Desc N	1ain
Filli	in this inform	ation to identify you	ır case:						
Deb	tor 1	John Ciefredo							
		First Name	Mi	ddle Name	Last Name				
	tor 2 use if, filing)	First Name	Mi	ddle Name	Last Name				
Unit	ed States Ban	kruptcy Court for the	NORTH	HERN DISTRICT OF ILL	INOIS				
(if kno	, 							_	if this is an ded filing
	cial Form hedule I		: Who I	Have Claims S	Secured	l by Property	y		12/15
is nee numb 1. Do	eded, copy the per (if known). any creditors h	Additional Page, fill it	out, number y your prope	ed people are filing together the entries, and attach it to erty? the court with your other:	o this form. On	the top of any addition	nal pages, w	rite your na	
	Yes. Fill in	all of the information	below.						
Part	1. List All	Secured Claims							
	· · · · · · · · · · · · · · · · · · ·	laims. If a creditor has	more than on	e secured claim, list the cred	ditor separately	Column A	Column B		Column C
for e	ach claim. If mo	ore than one creditor has	a particular	claim, list the other creditors cording to the creditor's name	in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of c that support		Unsecured portion If any
2.1	Huntington Bank	n National	Describe t	the property that secures the	he claim:	\$13,203.00		6,264.00	\$6,939.00
	Creditor's Name		Automo	· · · · ·		, ., <u>.</u>			
	P.O. Box 3 Columbus	y Notifications 40996 , OH 43234 City, State & Zip Code	As of the capply. Conting Unliquid	•	Check all that				
Who	owes the deb	ot? Check one.	☐ Dispute Nature of	ed lien. Check all that apply.					
_	ebtor 1 only	- -	_	eement you made (such as n	nortgage or sec	ured			
_	ebtor 2 only		car loa	•	3-3				
_	ebtor 1 and Deb	otor 2 only	☐ Statuto	ry lien (such as tax lien, mec	hanic's lien)				
_		e debtors and another		ent lien from a lawsuit	/				
	heck if this cla	im relates to a	_ ~	including a right to offset)					

Opened 03/16 Last Active
Date debt was incurred 4/10/17

community debt

Last 4 digits of account number

9751

Add the dollar value of your entries in Column A on this page. Write that number here: \$13,203.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$13,203.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

Fill in t	this informatio	on to identify your o		ocument	Page 1	8 of 38		
Debtor								
Deptor		ohn Ciefredo rst Name	Middle Nam	e	Last Name		-	
Debtor	2							
(Spouse	if, filing) Fi	rst Name	Middle Nam	е	Last Name		-	
United	States Bankrup	otcy Court for the:	NORTHERN [DISTRICT OF I	LLINOIS		-	
Case n	number)						_	Check if this is an mended filing
Offici	al Form 10	06E/F						
Sche	dule E/F:	Creditors W	ho Have L	Jnsecure	d Claims			12/15
Schedul left. Atta name an	le D: Creditors Wach the Continuand case number	/ho Have Claims Sect tion Page to this pag (if known).	ured by Property. e. If you have no	If more space is information to r	s needed, copy	any creditors with partia the Part you need, fill it o do not file that Part. On t	out, number the en	tries in the boxes on the
Part 1:		Your PRIORITY Un						
_	No. Go to Part 2.	ive priority unsecured	u ciaiilis agailist	your				
	Yes.	Your NONPRIORIT	V Unequired C	laime				
		ive nonpriority unsec						
_	•		_	•				
Ц	No. You have not	thing to report in this pa	art. Submit this for	m to the court wit	th your other sche	edules.		
	Yes.							
uns	secured claim, list n one creditor hol	the creditor separately	for each claim. For	or each claim liste	ed, identify what	o holds each claim. If a c type of claim it is. Do not li three nonpriority unsecur	ist claims already inc	cluded in Part 1. If more
								Total claim
4.1		ican Express	Li	ast 4 digits of a	count number	1563		\$6,938.00
	Nonpriority Cred Correspond P.O. Box 98	lence 1540	W	/hen was the de	bt incurred?	Opened 02/15 La 11/24/16	ast Active	_
	El Paso, TX	79998 City State Zlp Code	A	s of the date vo	u file. the claim	is: Check all that apply		
		the debt? Check one.			u, o.u	er erreer an anar appry		
	■ Debtor 1 onl	у		Contingent				
	Debtor 2 onl	y		Unliquidated				
	Debtor 1 and	•		Disputed				
		of the debtors and and	_	ype of NONPRIC	ORITY unsecure	d claim:		
		s claim is for a comm		Student loans				
	debt Is the claim su			Obligations ariseport as priority cl		aration agreement or divor	ce that you did not	
	■ No			Debts to pension	on or profit-sharin	ng plans, and other similar	debts	
	☐ Yes			Other Specify	Credit Card	i		

Case 17-15615 Entered 05/19/17 13:05:21 Doc 1 Filed 05/19/17 Desc Main

Document Page 19 of 38 Debtor 1 John Ciefredo Case number (if know) 4.2 **Chase Card** Last 4 digits of account number 6427 \$793.00 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 08/16 Last Active P.O. Box 15298 When was the debt incurred? 11/23/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Citicards Last 4 digits of account number 9758 \$4,756.00 Nonpriority Creditor's Name Centralized Bankrupty Opened 01/16 Last Active P.O. Box 790040 When was the debt incurred? 11/18/16 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 Dept Of Ed/Navient \$2,968.00 Last 4 digits of account number 0212 Nonpriority Creditor's Name Attn: Claims Dept Opened 02/16 Last Active P.O. Box 9635 When was the debt incurred? 4/25/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another

Official Form 106 E/F

debt

■ No ☐ Yes Student loans

☐ Other. Specify

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 20 of 38

Debtor 1 John Ciefredo Case number (if know) 4.5 **Dept Of Ed/Navient** Last 4 digits of account number 0212 \$1.695.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 02/16 Last Active P.O. Box 9635 When was the debt incurred? 4/25/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.6 **Dept Of Ed/Navient** Last 4 digits of account number 0212 \$2,968.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 02/16 Last Active P.O. Box 9635 When was the debt incurred? 4/25/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.7 **Dept Of Ed/Navient** Last 4 digits of account number 0212 \$1,695.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 02/16 Last Active P.O. Box 9635 When was the debt incurred? 4/25/17 Wilkes Barr, PA 18773 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Educational

Other. Specify

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 21 of 38

Debtor 1 John Ciefredo Case number (if know) 4.8 Mercy Health Last 4 digits of account number 6710 \$1.870.92 Nonpriority Creditor's Name 1000 Mineral Point Avenue 2/4/17 - 3/20/17 When was the debt incurred? Janesville, WI 53548 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill ☐ Yes 4.9 Synchrony Bank/Care Credit Last 4 digits of account number 5360 \$408.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/16 Last Active P.O. Box 956060 When was the debt incurred? 4/16/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account Π Yes 4.1 **US Cellular** 9479 \$500.15 Last 4 digits of account number 0 Nonpriority Creditor's Name When was the debt incurred? Depy. 0205 Palatine, IL 60055-0205 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Cell Phone ☐ Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Entered 05/19/17 13:05:21 Desc Main Case 17-15615 Doc 1 Filed 05/19/17 Page 22 of 38 Case number (if know) Document

Debtor 1 John Ciefredo

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	9,326.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	15,266.07
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	24,592.07

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

		DOGGIIIC	1 446 20 01 00	
Fill in this infor	mation to identify your	case:		
Debtor 1	John Ciefredo			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if th
				amended f

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Huntington Natl Bk Bankruptcy Notifications P.O. Box 340996 Columbus, OH 43234	Car

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main

		Docume	ent Page 24 d	of 38	
Fill in this	information to identify your	case:			
Debtor 1	John Ciefredo				
	First Name	Middle Name	Last Name		
Debtor 2	<u> </u>	A			
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	har				
(if known)				☐ Check if this is an	
				amended filing	
O((; -; -	I - 40011				
	I Form 106H	_			
Sched	lule H: Your Cod	ebtors		12/1	5
our name	and case number (if known) you have any codebtors? (If	. Answer every question		e this page. On the top of any Additional Pages, wri	
☐ Yes	3				
Arizon _	hin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3.			ry? (Community property states and territories include ington, and Wisconsin.)	
	s. Did your spouse, former spou	use, or legal equivalent live	with you at the time?		
	,	, g -	,		
in line Form out Co	e 2 again as a codebtor only i	f that person is a guaran Form 106E/F), or Sched	tor or cosigner. Make	r if your spouse is filing with you. List the person shoure you have listed the creditor on Schedule D (Off.) (Off.). Use Schedule D, Schedule E/F, or Schedule G (Column 2: The creditor to whom you owe the decouple of the should be that sandy.	ficial to fill
	Name, Number, Street, City, State and Zi	P Code		Check all schedules that apply:	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
					—
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
=	Number Street			_	
	City	State	ZIP Code		

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 25 of 38

	in this information to identify you								
Del	btor 1 John Cie	fredo			_				
	btor 2								
Uni	ited States Bankruptcy Court for	the: NORTHERN DISTRIC	CT OF ILLINOIS						
	se number nown)		-				nded filing ment showir	ng postpetition	
0	fficial Form 106I					MM / DE		ŭ	
S	chedule I: Your Ir	ncome				IVIIVI / DL	, , , , , ,		12/15
spo atta	plying correct information. If youse. If you are separated and ich a separate sheet to this for the thing of	your spouse is not filing w m. On the top of any additi	ith you, do not incluional pages, write yo	ıde infor	mati	on about your s	spouse. If m (if known). <i>i</i>	nore space is Answer every	needed,
	information.		Debtor 1			_		filing spouse	
	If you have more than one job attach a separate page with information about additional	Employment status	■ Employed□ Not employed	_			nployed t employed		
	employers.	Occupation	Jewel Distribut	ion					
	Include part-time, seasonal, o self-employed work.	r Employer's name	Jewel Distribut	ion					
	Occupation may include stude or homemaker, if it applies.	ent Employer's address	1955 W. North A						
		How long employed t	here? 2 Mont	hs					
Pai	rt 2: Give Details About	Monthly Income							
	imate monthly income as of thuse unless you are separated.	e date you file this form. If	you have nothing to r	report for	any	line, write \$0 in	he space. In	nclude your no	n-filing
	ou or your non-filing spouse have e space, attach a separate shee		ombine the informatio	on for all	empl	oyers for that pe	rson on the l	lines below. If	you need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	2,426.6	7 \$	N/A	
3.	Estimate and list monthly or	vertime pay.		3.	+\$	0.0	<u> </u>	N/A	-
4.	Calculate gross Income. Ad	ld line 2 + line 3.		4.	\$	2,426.67	\$	N/A	

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 26 of 38

Copy line 4 here 4. \$ 2,426.67 S N/A 5. List all payroll deductions: 5. Tax, Medicare, and Social Security deductions 5. Mandatory contributions for retirement plans 5. Note of the state of th	Deb	tor 1	John Ciefredo	-	C	Case	number (if known)				
Copy line 4 here 4. \$ 2,426.67 \$ N/A 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Voluntary contributions for retirement fund loans 5d. Domestic support obligations 5d. Voluntary contributions. Add lines 5a+5b+5c+5d+5d+5d+5d+5d+5d+5d+5d+5d+5d+5d+5d+5d+						For	Debtor 1				
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8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Chicago Cubs - Forklift Operator 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?		Oh	·								
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Chicago Cubs - Forklift Operator 8h. + \$ 500.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.			Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			_		· —			_
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Chicago Cubs - Forklift Operator 8h. + \$ 500.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,353.63		84				· —		_			_
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: Chicago Cubs - Forklift Operator 8h. Specify: Specify: Specify: Chicago Cubs - Forklift Operator 8h. Specify: Specify: Specify: Chicago Cubs - Forklift Operator 8h. Specify: Specify: Specify: Specify: Chicago Cubs - Forklift Operator 8h. Specify:						· —		· —			_
8h. Other monthly income. Specify: Chicago Cubs - Forklift Operator 8h. + \$ 500.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 2,353.63 + \$ N/A = \$ 2,353.63 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,353.63 Combined monthly income		8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	s 8f.		\$_	0.00	\$		N/A	_
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 500.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.		-		_	'	·					_
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No.		8h.	Other monthly income. Specify: Chicago Cubs - Forklift Operator	_ 8h	۱.+	\$	500.00	+ \$		N/A	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	500.00	\$		N/A	4
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No.	10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		2.353.63 + \$		N/A	= \$	2.353.63
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.			•		-					' -	_,000.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,353.63 Combined monthly income No.	11.	Incluothe Do r	ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	depe			•	•			0.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certain							\$	
	13.	Doy	ou expect an increase or decrease within the year after you file this form	?							

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 27 of 38

Fill in	this informa	ition to identify yo	our case:			1		
Debtor		John Ciefred					k if this is: An amended filing	
Debtor	r 2 se, if filing)						A supplement show	ving postpetition chapter the following date:
` '	, 0,			IEDN BIOTRICT CE II · · ·	1010	_		
United	l States Bankı	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	IOIS		MM / DD / YYYY	
Case r	number wn)							
		rm 106J						
		J: Your			filim u to moth on th	-4h	alla saananailala fa	12/15
inforr	mation. If m		eded, atta	If two married people a ch another sheet to this n.				
Part 1		ribe Your House	hold					
	Is this a joir ■ No. Go to							
			in a separ	ate household?				
	□ м	0	•					
	ΠY	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Debt	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
(dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
		oenses include	.	No			- 	
		f people other t d your depende		Yes				
Part 2	P. Fstim	ate Your Ongoi	na Monthi	v Expenses				
Estim	nate your ex	cpenses as of y	our bankr	uptcy filing date unless y y is filed. If this is a sup				
				government assistance				
	alue of Suci ial Form 10		a nave inc	cluded it on Schedule I:	Your Income		Your exp	enses
		or home owners		ses for your residence. r lot.	Include first mortgag	e 4. \$		1,000.00
ı	f not includ	led in line 4:						
2	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
				ipkeep expenses		4c. \$		0.00
		owner's associate		dominium dues o ur residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00
J. 1			• · y ·		5 9 9 9 10 0 11 0	σ. ψ		V.UU

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 28 of 38

Debtor 1	John Ciefred	10	Case nun	nber (if kn	own)
6. Uti	lities:				
6. 6 1.		t, natural gas	6a.	\$	100.00
6b.	•	garbage collection	6b.		0.00
6c.	, , ,	l phone, Internet, satellite, and cable service			85.00
6d.	' '	• • •	6d.	·	0.00
	od and housekee			· —	450.00
		ren's education costs	8.	· —	0.00
_	othing, laundry, a			\$ —	
			10.		50.00 50.00
	•	icts and services		· —	
	dical and dental	•	11.	»	0.00
		ude gas, maintenance, bus or train fare.	12.	\$	250.00
	not include car pa	yments. s, recreation, newspapers, magazines, a			100.00
		ions and religious donations	14.		25.00
		ions and religious donations	14.	Ф	25.00
	urance.	nce deducted from your pay or included in	lines 4 or 20		
	a. Life insurance	nce deducted from your pay or included in	15a.	Φ.	0.00
	o. Health insurance	ça.	15a. 15b.		
				· —	0.00
	c. Vehicle insurar		15c.	· —	95.00
	I. Other insuranc		15d.	ъ	0.00
		e taxes deducted from your pay or included		Φ.	0.00
	ecify:		16.	۵	0.00
	tallment or lease		170	c	257.00
	a. Car payments		17a.	· —	257.00
	c. Car payments		17b.	· —	0.00
	c. Other. Specify:		17c.	· —	0.00
	 Other. Specify: 		17d.	\$	0.00
		limony, maintenance, and support that y		c	0.00
		pay on line 5, Schedule I, Your Income	(O.1.101a. 1 O.1.11 1001).	\$	
		ı make to support others who do not liv		\$	0.00
	ecify:		19.		
		expenses not included in lines 4 or 5 of			
	Mortgages on o		20a.		0.00
	. Real estate tax		20b.		0.00
		eowner's, or renter's insurance	20c.	· —	0.00
		epair, and upkeep expenses	20d.	· —	0.00
206	e. Homeowner's a	association or condominium dues	20e.	\$	0.00
1. Oth	ner: Specify:		21.	+\$	0.00
	culate your mont			_	2 422 22
	a. Add lines 4 throu	•	Official Farms 400 L 0	\$_	2,462.00
22h	o. Copy line 22 (mo	onthly expenses for Debtor 2), if any, from	Official Form 106J-2	\$	
220	c. Add line 22a and	d 22b. The result is your monthly expenses	S.	\$	2,462.00
		th he mat in a ama			
	culate your mont		dula I	Φ.	
		rour combined monthly income) from Sche			2,353.63
23h	 Copy your mon 	othly expenses from line 22c above.	23b.	-\$	2,462.00
	0.17				
230		nonthly expenses from your monthly incom	ne. 23c.	\$	-108.37
	The result is yo	our monthly net income.	230.	Ψ	-100.01
	VOLLOVDOST SE !	araga or dogrados in valur avmanasa	ithin the year often year file thi	o form?	
24 0-	you expect an in	crease or decrease in your expenses we pect to finish paying for your car loan within the y			to increase or decrease because of a
	example do vou exp		ca. c. do you expect your mortgage	~uyiii0ill	
For	example, do you exp			. ,	
For				, ,	

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 29 of 38

Fill ir	this inform	nation to identify you	r case:							
Debto		John Ciefredo								
		First Name	Middle Name	Last Name						
Debto (Spous	or 2 e if, filing)	First Name	Middle Name	Last Name						
Unite	d States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS						
		mapley Court for the								
Case (if know	number					Check if this is an mended filing				
O.(-:-! -	407								
	<u>cial For</u>		Affaira fan Indivis	luala Filipa fan D						
			Affairs for Individ			4/10				
					equally responsible for sup y additional pages, write you					
numb	er (if known). Answer every que	stion.							
Part '	Give D	etails About Your Ma	arital Status and Where You	Lived Before						
1. V	Vhat is your	current marital statu	ıs?							
Г	☐ Married									
ì	Not mari	ried								
2. C	Ouring the la	ıst 3 vears. have vou	lived anywhere other than	where vou live now?						
	During the last 3 years, have you lived anywhere other than where you live now?									
•	■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.									
_		or Address:	Dates Debtor 1	Debtor 2 Prior Ad		Dates Debtor 2				
	Debtor i Pri	or Address.	lived there	Debtor 2 Prior Ac	uress.	lived there				
					ity property state or territor ico, Texas, Washington and W					
	No									
	☐ Yes. Ma	ke sure you fill out <i>Sci</i>	hedule H: Your Codebtors (Of	ficial Form 106H).						
Part 2	2 Explain	n the Sources of You	ır Income							
F	ill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?				
	□ No									
	Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income	Gross income	Sources of income	Gross income				
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)				
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

Official Form 107

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document

Page 30 of 38 Case number (if known) Debtor 1 John Ciefredo Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$0.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. П Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ■ No. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment** Was this payment for ... **Total amount** Amount you paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and

of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for alimony.

☐ Yes. List all payments to an insider.

Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid

Entered 05/19/17 13:05:21 Desc Main Case 17-15615 Doc 1 Filed 05/19/17 Document

Page 31 of 38 Case number (if known) Debtor 1 John Ciefredo

8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	count of a d	ebt that benefited an		
	■ No							
	☐ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name		
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures						
	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.							
	■ No □ Yes. Fill in the details.							
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case		
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		rty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?		
	No. Go to line 11.Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property			Date Va			
		Explain what happened			pro			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.							
	Creditor Name and Address	Describe the action the	creditor took	Date a	action was	Amount		
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		rty in the possess			efit of creditors, a		
Par	t 5: List Certain Gifts and Contributions							
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gifts	s with a total value	of more than \$60	0 per person	?		
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	you gave	Value		
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankrup No		or contributions	with a total value o	of more than	\$600 to any charity?		
	Yes. Fill in the details for each gift or cor			Detec		Value		
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Describe what you contributed contributed Contributed							
Par	t 6: List Certain Losses							

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 32 of 38

Del	btor 1 John Ciefredo		Document Page 3	32 of 3 Ca	8 ase number (if known)	
	or gambling?						
	■ No						
	 Yes. Fill in the details. Describe the property you lost and how the loss occurred 	Include	be any insurance coverage for the amount that insurance has ce claims on line 33 of Schedu	paid. Lis	st pending	Date of your loss	Value of property los
Pai	rt 7: List Certain Payments or Transfe	rs			, ,		
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	r preparin	g a bankruptcy petition?	-			erty to anyone you
	□ No ■ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of an transferred	ny proper	rty	Date payment or transfer was made	Amount o paymen
	John Trepel & Associates, LLC. 5844 West Irving Park Road Chicago, IL 60634-2622 trepel8@att.net		Attorney Fees				\$1,450.00
	Access Counseling, Inc. 633 W. 5th St. Suite 26001 Los Angeles, CA 90071		Credict Course Counsel	ing			\$19.90
17.	Within 1 year before you filed for bankr promised to help you deal with your crudo not include any payment or transfer the	editors or	to make payments to your c			r transfer any prope	erty to anyone who
	□ No						
	Yes. Fill in the details. Person Who Was Paid Address		Description and value of an transferred	y proper	rty	Date payment or transfer was made	Amount o paymen
	National Debt Relief					maao	\$290.00
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second in the second in the second include gifts and transfers that you have a second in the sec	our businers made a	ess or financial affairs? as security (such as the granting				
	Person Who Received Transfer Address		Description and value of property transferred			ny property or received or debts change	Date transfer was made
40	Person's relationship to you	James 4	did you too of our		£ ==141= 1 4	at an about a 1	af mhiat
19.	Within 10 years before you filed for bar beneficiary? (These are often called asse No Yes. Fill in the details.			y to a sel	r-settled tru	st or similar device	of which you are a
	☐ Yes. Fill in the details.		Description and value of th	o nronor	ty transform	ad	Date Transfer was

Official Form 107

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Entered 05/19/17 13:05:21 Desc Main Case 17-15615 Doc 1 Filed 05/19/17 Document

Page 33 of 38 Case number (if known) Debtor 1 John Ciefredo

Pa	t 8:	List of Certain Financial Accounts, In	strur	ments, Safe Depos	sit Boxes, and St	orage Unit	ts		
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
		No							
		Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		Last 4 digits of Type of accour account number instrument		unt or Date account was closed, sold, moved, or transferred			Last balance before closing or transfer	
21.		you now have, or did you have within 1 sh, or other valuables?	year	before you filed for	or bankruptcy, a	ny safe de _l	posit box or other depos	ito	ry for securities,
		No Yes. Fill in the details.							
	_	ame of Financial Institution ddress (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number State and ZIP Code)		Describe	the contents		Do you still have it?
22.	Hav	ve you stored property in a storage unit	or pla	ace other than yo	ur home within 1	year before	re you filed for bankrupt	су?	?
		No Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)			Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			the contents		Do you still have it?
Pa	t 9:	Identify Property You Hold or Control	l for S	Someone Else					
23.		Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
		No Yes. Fill in the details.							
		wner's Name ddress (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City Code)		Describe	the property		Value
Pa	t 10	Give Details About Environmental Inf	iorma	ation					
For	the	purpose of Part 10, the following definiti	ions	apply:					
	tox	vironmental law means any federal, state ic substances, wastes, or material into t Julations controlling the cleanup of these	he ai	r, land, soil, surfa	ce water, ground				
		e means any location, facility, or propert own, operate, or utilize it, including disp	•	•	environmental	aw, wheth	er you now own, operate	e, c	or utilize it or used
		zardous material means anything an env zardous material, pollutant, contaminant			s as a hazardous	waste, ha	zardous substance, toxi	c s	ubstance,
Rep	ort a	all notices, releases, and proceedings th	at yo	ou know about, re	gardless of wher	they occu	urred.		
24.	Has	s any governmental unit notified you tha	it you	ı may be liable or	potentially liable	under or i	n violation of an environ	me	ental law?
		No Yes. Fill in the details.							
		nme of site		Governmental u	nit , Street, City, State and		onmental law, if you it		Date of notice

ZIP Code)

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 34 of 38 Case number (if known)

				· · · · · · · · · · · · · · · · · · ·						
25.	Have you notified any governmental unit of	f any release of hazardous material?								
	_	•								
	■ No □ Yes. Fill in the details.									
		Cavaramental unit	En.	viranmental law if you	Data of nation					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		vironmental law, if you ow it	Date of notice					
26.	Have you been a party in any judicial or ad	ministrative proceeding under any envi	ronmen	tal law? Include settlements	s and orders.					
	_	g								
	No									
	Yes. Fill in the details.	Court on oneman	Matuma	of the core	Otatus of the					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature	of the case	Status of the case					
Pai	rt 11: Give Details About Your Business or	Connections to Any Business								
27.	Within 4 years before you filed for bankrup	otcy, did you own a business or have an	y of the	following connections to a	ny business?					
	☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	either fu	ull-time or part-time						
	☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (LLP)	•						
	☐ A partner in a partnership	. , ,	,							
		vecutive of a comparation								
	☐ An officer, director, or managing ex	·								
	An owner of at least 5% of the votir	ng or equity securities of a corporation								
	No. None of the above applies. Go to	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.									
	Business Name Address	Describe the nature of the business	mployer Identification numb o not include Social Securit							
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed						
28.	Nithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial nstitutions, creditors, or other parties.									
	No									
	Yes. Fill in the details below.	B								
	Name Address	Date Issued								
	(Number, Street, City, State and ZIP Code)									
Pai	rt 12: Sign Below									
are with	ve read the answers on this Statement of Finder and correct. I understand that making an a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571.	a false statement, concealing property, o	or obtai	ning money or property by f						
	hn Ciefredo Inature of Debtor 1	Signature of Debtor 2								
Da	te _May 18, 2017	Date								
Did	you attach additional pages to Your Statem	ent of Financial Affairs for Individuals F	iling fo	r Bankruptcy (Official Form	107)?					
I										
	'es									
Did ■ N	you pay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy for	rms?						
	ves. Name of Person Attach the <i>Bankro</i>	uptcy Petition Preparer's Notice, Declaration	on, and S	Signature (Official Form 119).						
		nent of Financial Affairs for Individuals Filing		- :	page					

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Page 35 of 38
Case number (if known) Document

Debtor 1 John Ciefredo

Case 17-15615 Doc 1 Filed 05/19/17 Entered 05/19/17 13:05:21 Desc Main Document Page 36 of 38

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e John Ciefredo		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of o	of the petition in bankruptc	y, or agreed to be pai	d to me, for services rer	ndered or to
	For legal services, I have agreed to accept		\$	1,450.00	
	Prior to the filing of this statement I have received		\$	1,450.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compens	sation with any other perso	n unless they are me	nbers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names				w firm. A
5.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspe	cts of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statemed c. Representation of the debtor at the meeting of creditors at d. [Other provisions as needed] Negotiations with secured creditors to redereaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house 	ent of affairs and plan which and confirmation hearing, uce to market value; ea as needed; preparation	ch may be required; and any adjourned he exemption planning	earings thereof;	ling of
6.	By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any disch any other adversary proceeding.	pes not include the following argeability actions, jud	ng service: dicial lien avoidan	ces, relief from stay	actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of any agbankruptcy proceeding.	greement or arrangement for	or payment to me for	representation of the de	ebtor(s) in
_	May 18, 2017 Date	John E. Trepel			
'	лис	Signature of Attori			
			Associates, LLC.		
		5844 West Irvin Chicago, IL 606			
		(773) 282-9372	Fax: (773) 282-98	06	
		trepel8@att.net			
1		Name of law firm			

Amex American Express Correspondence P.O. Box 981540 El Paso, TX 79998

Chase Card Attn: Correspondence Dept P.O. Box 15298 Wilmington, DE 19850

Citicards Centralized Bankrupty P.O. Box 790040 Saint Louis, MO 63179

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Huntington National Bank Bankruptcy Notifications P.O. Box 340996 Columbus, OH 43234

Huntington Natl Bk Bankruptcy Notifications P.O. Box 340996 Columbus, OH 43234 Mercy Health 1000 Mineral Point Avenue Janesville, WI 53548

Synchrony Bank/Care Credit Attn: Bankruptcy P.O. Box 956060 Orlando, FL 32896

US Cellular Depy. 0205 Palatine, IL 60055-0205